

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR.

JEROME

R

NICKNAME

LAST

SUFFIX

"JERRY" PIKULINSKI

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2803 OAK CLIFF LANE, ARLINGTON, TX 76012

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

461-9596

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR.

CARL

NICKNAME

LAST

SUFFIX

SCRIVNER

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1200 W. MITCHELL AVE, ARLINGTON, TX 76012

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

299-0455

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☒

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

5 / 4 / 2006

THROUGH

Month

Day

Year

6 / 30 / 2006

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 13 / 06

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

COUNCIL DISTRICT 7 - ATLANTA

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

JEROME R. PIKULINSKI

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 145.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 150.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 51.80

4. TOTAL POLITICAL EXPENDITURES

\$ 51.80

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ - 0 -

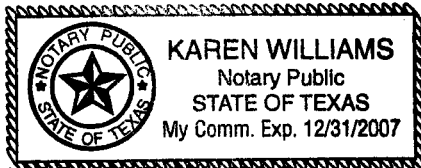
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2071.60

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jerome R. Pikulinski, this the 7th day of July, 20 06, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME JEROME R. PIKOLINSKI		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/11/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANIEL ORTIZ	7 Amount of contribution (\$) \$75	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 715 W ABRAMS, ARLINGTON, TX 76012			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/18/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID & MARY McELWEE	Amount of contribution (\$) \$75	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1133 W INWOOD, ARLINGTON, TX 76012			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">JEROME R. PIKULINSKI</div>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$	
5 Date of loan <div style="font-size: 1.2em; font-family: cursive;">6/30/04</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">JEROME R. PIKULINSKI</div>		9 Loan Amount (\$) <div style="font-size: 1.2em; font-family: cursive;">\$2071.60</div>
6 Is lender a financial institution? <div style="display: flex; align-items: center;"><div style="margin-right: 10px;">Y <input checked="" type="radio"/></div><div style="margin-right: 10px;">N <input type="radio"/></div></div>	8 Lender address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">2803 OAK CLIFF LN, ARLINGTON, TX 76012</div>		10 Interest rate _____
11 Maturity date _____			
12 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; font-family: cursive;">RETIRED</div>		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial institution? <div style="display: flex; align-items: center;"><div style="margin-right: 10px;">Y <input type="radio"/></div><div style="margin-right: 10px;">N <input type="radio"/></div></div>	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**